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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: <u>Idaho</u>

- A. Target Group: Adult (21 years of age or older) Medicaid eligible individuals and eligible individuals between the ages of 18 and 21 who have transition plans developed by the school system which identify service coordination as a necessary service who have a primary diagnosis of a developmental disability; reside in adult foster care, residential care, semi-independent living, room and board, their own homes, or are homeless; and are receiving habilitation, supportive assistance, respite, or other services.
- B. Areas of the State Which Services Will be Provided:
 - /X/ Entire State.
- C. Comparability of Services
 - // Services are provided in accordance with section 1902(a)(10(B) of the Act.
 - /X/ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

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D. Definition of Services

<u>Service Description</u>. Case management services (referred to in regulation as Targeted Service Coordination (TSC) services) shall be delivered by eligible providers to assist the Medicaid recipient to obtain and coordinate needed health, educational, vocational, residential and social services using the least restrictive and most appropriate procedures and settings. TSC shall consist of the following core functions:

- 1. Individual Assessment and Service Planning. An Individual Support Plan (ISP) shall be developed in conjunction with the recipient and individuals the recipient wants to include, for example his or her family, guardian, paraprofessional service coordinator and service providers.
- 2. Implementation. The service coordinator (SC) shall arrange for services necessary to execute the ISP.
- 3. Monitoring. The service coordinator shall review, update, and monitor the plan continuously to meet the recipient's changing needs.
- 4. Enablement. The SC shall enable the recipient whenever possible. Enablement includes but is not limited to the following: Providing information, assuring that all placements in the service delivery system are within the least restrictive environment possible, ensure that all placements are community based, ensure that all providers comply with client's rights as specified in the DD Act, assure that no one will be denied service coordination on the basis of the severity of physical or mental handicap.
- E. Qualification of Providers:

TSC Provider Qualifications. Targeted service coordination will be provided pyagencies that have a valid provider agreement/contract with the Department and meet the following criteria:

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- a) Demonstrated ability to provide all the core elements of TSC services to the target population; and
- b) Provide consumers of the agency, the availability of a service coordinator on a twenty-four (24) hour basis to assist them in obtaining needed services; and
- c) Not provide service coordination to any individual for whom the agency, owners, or employees also provide direct services; and
- d) Agency employees successfully complete the service coordination training specified by the Department prior to providing services; and
- e) Follows the written procedures for service coordination authorized and adhered to by the Department; and
- f) Adheres to the Department's mission and value statements.

TSC Provider Staff Qualifications. All service coordinators must meet the following qualifications:

- a) Must be a psychologist, Ph.D. Ed.D., M.A./M.S.; Registered Nurse, B.A./B.S. in Nursing; or possess a valid Idaho social work license issued by the Board of Social Work Examiners;
- b) Must have at least 18 months, at an average of 20 hours per week, of on-the-job experience involving service to the target population, or be working under the supervision of a fully qualified service coordinator;
- c) Must undergo a criminal history check;
- d) Must be supervised by an individual with the authority to oversee the service delivery, and to remove the individual if the recipient's needs are not met; and

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- e) Cannot be the care coordinator for any recipient for whom the care coordinator has individual responsibility for the provision of developmental or other care or treatment; and
- f) Cannot be responsible for the care coordination of more than 30 individuals.

The Bureau's of Medicaid Policy and Reimbursement and Developmental Disabilities may grant a waiver of the caseload limit when requested by the agency when the following criteria are met:

- The availability of care coordinators is not sufficient to meet the needs of the service area; or
- ii. The recipient who has chosen the particular care coordinator who has reached their limit, has just cause to need that particular provider over other available providers; or
- iii. The individual care coordinator's caseload consists of twenty-five (25) percent or more maintenance level (two hours per month or less of care coordination services) consumers.

The request for waiver must include:

- a) The time period for which the waiver is requested; and
- b) The alternative caseload limit requested; and
- c) Documentation that the granting of the waiver would not diminish the effectiveness of the case manager's services, violate the purposes of the program, or adversely affect the health and welfare of any of the case manager's clients.

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The Bureau may impose any conditions, including limiting the duration of a waiver, which it deems necessary to ensure the quality of CM services provided.

- g. Paraprofessionals may be used to assist in the implementation of the ISP. Paraprofessionals must meet the following qualifications:
 - i. Must be 18 years of age and have a high school diploma or the equivalent (G.E.D.); and
 - ii. Must be able to read and write at a level commensurate with the general flow of paperwork and forms; and
 - iii. Must complete a training program developed by the Division of Family and Community Services and be working under the supervision of a fully qualified care coordinator; and
 - iv. Must undergo a criminal history check.

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- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.
 - 1. Eligible recipients will have free choice of the providers of case management services.
 - 2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.
 - 1. Eligible recipients will have free choice of the providers of case management services.
 - 2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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